


**AMENDMENT TRANSMITTAL LETTER**

Docket No.  
D0188.70162US01

Application No.  
10/014991-Conf. #4207

Filing Date  
December 11, 2001

Examiner  
G. Jackson

Art Unit  
3731

Applicant(s): Gregory E. Sancoff et al.

Invention: MEDICAL SUTURE INSTRUMENT AND METHOD OF USE

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	54	- 51 =	3	x 50.00	150.00
Independent Claims	17	- 17 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					150.00

 Large Entity

 Small Entity

 No additional fee is required for this amendment.

 Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

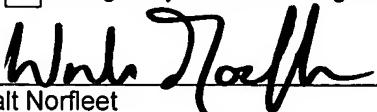
 A check in the amount of \$ 150.00 to cover the filing fee is enclosed.

 Payment by credit card. Form PTO-2038 is attached.

 The Director is hereby authorized to charge and credit Deposit Account No. 23/2825  
as described below. A duplicate copy of this sheet is enclosed.

 Credit any overpayment.

 Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
Walt Norfleet

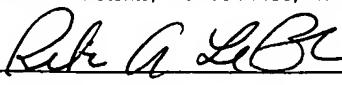
Attorney Reg. No.: 52,078

Dated: September 26, 2005

WOLF, GREENFIELD & SACKS, P.C.  
Federal Reserve Plaza  
600 Atlantic Avenue  
Boston, Massachusetts 02210-2206  
(617) 646-8222

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/26/05

Signature:  (Rita A. LeBlanc)



Ccres. and Mail  
**BOX AF**

*Reply under 37 CFR 1.116*  
*Expedited Procedure*  
Technology Center 3700  
DOCKET NO.: D0188.70162US01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Sancoff et al.  
Serial No.: 10/014,991  
Confirmation No.: 4207  
Filed: December 11, 2001  
For: MEDICAL SUTURE INSTRUMENT AND METHOD OF USE  
  
Examiner: Gary Jackson  
Art Unit: 3731

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to MAIL STOP AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 28 day of September, 2005.

  
Signature

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**MAIL STOP AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Final Office Action mailed June 27, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this amendment.

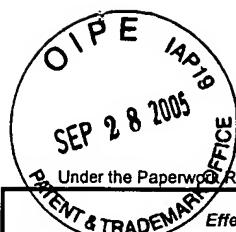
**Remarks** begin on page 11 of this amendment.

09/28/2005 YPOLITE1 00000043 10014991

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

AF 27w

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 150.00)

Complete if Known	
Application Number	10/014991-Conf. #4207
Filing Date	December 11, 2001
First Named Inventor	Gregory E. Sancoff
Examiner Name	G. Jackson
Art Unit	3731
Attorney Docket No.	D0188.70162US01

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

**Small Entity**  
**Fee (\$)**      **Fee (\$)**

50      25

Each independent claim over 3 (including Reissues)

200      100

Multiple dependent claims

360      180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
54	- 51 =	3	x 50.00 =	150.00

**Fee (\$)**      **Fee Paid (\$)**

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
17	- 17 =		=

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	- 100 =	/50 (round up to a whole number) x	_____	=

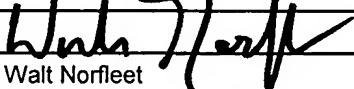
**Fees Paid (\$)**

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

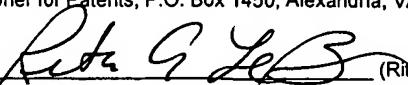
Other (e.g., late filing surcharge): \_\_\_\_\_

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	52,078	Telephone	(617) 646-8205
Name (Print/Type)	Walt Norfleet	Date	September 26, 2005		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/26/05

Signature:  (Rita A. LeBlanc)